

COMMERCIAL PLUMBING

County of Stafford

Department of Public Works
PO Box 339
1300 Courthouse Rd.
Stafford, Virginia
22555-0339
(540) 658-8650
www.co.stafford.va.us



RECEIVED BY: _____

DATE: _____

R/E TAXES CURRENT: _____

A/P: _____

PARENT : _____

JOB LOCATION

STREET ADDRESS: _____

TAX MAP #: _____ SECTION: _____ LOT: _____

SUBDIVISION/DEVELOPMENT: _____

CURRENT OWNER INFORMATION

NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PLUMBING CONTRACTOR INFORMATION

CONTRACTOR/ COMPANY: _____ OR ATTACH OWNER AFFIDAVIT

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PRINT NAME _____

SIGNATURE: _____

VIRGINIA CONTRACTORS LICENSE #: _____

LICENSE CLASS: _____ LICENSE DESIGNATION: _____ EXPIRATION DATE: _____

By signing the above, I certify that (1) I am duly licensed under the Virginia Code to perform the work contemplated by this application, and/or (2) I am authorized by the contractor stated above to sign on behalf of the contractor, which is duly licensed to perform the work contemplated by this application.

TENANT INFORMATION

N/A SAME AS OWNER

NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

APPLICANT INFORMATION

SAME AS CONTRACTOR SAME AS OWNER

NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

TOTAL VALUATION

DECLARED PROJECT VALUE \$ _____
(Total contract value)

CALCULATED PROJECT VALUE \$ _____
(Per ICC)

DESCRIPTION OF WORK

USBC EDITION: _____

SQUARE FOOTAGE OF INVOLVED AREA

Basement: _____
1st Floor: _____
2nd Floor: _____
3rd Floor: _____
4th Floor: _____
Garage/Carport: _____
Decks/Porches _____
Other: _____
Total: _____

PROJECT INFORMATION

SELECT APPROPRIATE FIELD OR ENTER QUANTITY WHERE REQUIRED

WATER SUPPLY AND DISTRIBUTION

POTABLE WATER SUPPLY

_____ # DISTRIBUTION PIPE - FLOORS _____
_____ # WATER SERVICE PIPE

BACKFLOW PREVENTERS

_____ # BACKFLOW PREVENTERS ON MAINS
_____ # LAWN IRRIGATION
_____ # POINT-OF-USE BACKFLOW PREVENTERS

MISCELLANEOUS

_____ # SOLAR ENERGY SYSTEM
_____ # WATER PRESSURE BOOSTER/REGULATOR
_____ # WATER TREATMENT UNIT

SANITARY/STORM WATER DRAINAGE

DISCHARGE PIPING

_____ # BUILDING DRAIN PIPING (INSIDE) – FLOORS _____
_____ # BUILDING SANITARY SEWER (OUTSIDE)
_____ # BUILDING STROM SEWER (OUTSIDE)

DRAINS

_____ # CONDENSATE DRAINS
_____ # FLOOR DRAIN
_____ # OPEN SITE
_____ # ROOF DRAIN/PRIMARY – FLOORS _____
_____ # ROOF DRAIN/SECONDARY – FLOORS _____
_____ # TRENCH DRAIN

INTERCEPTOR/SEPARATOR

_____ # GREASE/OIL SEPARATOR INTERCEPTOR
_____ # MANHOLE
_____ # BACKWATER VALVE
_____ # GARBAGE DISPOSAL
_____ # SEWAGE EJECTOR
_____ # SUMP PUMP

FIXTURES, FAUCET, EQUIPMENT ETC.

WASHERS

_____ # CLOTHES WASHER
_____ # DISHWASHER

SHOWER & SIMILAR

_____ # BATHTUBS
_____ # EMERGENCY WASH STATION
_____ # REGULAR SHOWER

SINKS & SIMILAR

_____ # BAR SINK
_____ # CLINICAL DISINFECTANT CLEANER
_____ # FLOOR SINK
_____ # KITCHEN SINK
_____ # LAUNDRY SINK
_____ # LAVATORY
_____ # MOP SINK
_____ # SHAMPOO SINK

MISCELLANEOUS

_____ # DOMESTIC ICE MAKER
_____ # DRINKING FOUNTAIN
_____ # ICE MAKER
_____ # MEDICAL GASSES
_____ # TOILETS/URINALS/BIDETS
_____ # VACUUM DRAINAGE SYSTEM
_____ # WATER FEATURE

TIME LIMITATION OF APPLICATION
Virginia Uniform Statewide Building Code 108.8

An application for a permit for any proposed work shall be deemed to have been abandoned six months after the date of filing unless such application has been pursued in good faith or a permit has been issued, except that the building official is authorized to grant one or more extensions of time if a justifiable cause is demonstrated.

APPLICANT INITIALS: _____

APPLICANT AGREEMENT

All information on this form is part of the application and must be complied with. I hereby certify that I have authority to make this application, that the information is complete and correct and that the work performed and equipment installed will conform to the Virginia Uniform Statewide Building Code and other applicable laws and regulations which relate to the property.

NAME: _____

SIGNATURE: _____ DATE: _____

ISSUANCE OF PLANS OR APPROVED DOCUMENTS (COMPLETE AT PERMIT ISSUANCE)

I have received county approved plans or documents.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY